

MENTALLY ILL OFFENDER

Program Evaluation Survey [QUEST.BOC.B]

This survey will become part of your county's MIO contract with the Board of Corrections. For purposes of this survey:

- “Program” refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses. If you have more than one Program, please fill out a separate survey for each Program.
- “Research Design” refers to the procedures you will use to test the stated hypotheses for your Program. In some instances you will have more than one Research Design for a Program, in which case a separate survey must be completed for each Research Design.
- “Project” refers to all the work that you propose to do with the MIO Grant. For example, if you have two Programs and two Research Designs for each Program, the entire effort would constitute your Project (and you would complete four surveys).

To simplify the task of completing this survey, we refer you to two sources: 1) the initial Research Design Summary Form, and 2) your Program’s responses to the technical compliance issues identified during the grant review. If no additional information was requested of a particular item on the Research Design Summary Form, you can enter the original text into the appropriate space below. If more information was requested, provide a more complete response.

1. County: San Bernardino

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2. Program Name: Current Board of Corrections grant participants have found it useful to pick a name that helps them to create a Program identity (two examples are the “IDEA” Program and the “Home Run” Program). Indicate the title you will be using to refer to your Program.

SPAN - San Bernardino Partners for Aftercare Networking

3. Treatment Interventions: Describe the components of the Program that you will be evaluating. Another way of saying this is, “Describe how the ‘treatment’ offenders (those in the Program) will be treated differently than the comparison offenders (e.g., services while incarcerated, more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare).”

Services are provided for incarcerated offenders that are identified with mental health problems who are also participating in the Mental Health Treatment Court Pilot Project. They receive Department of Behavioral Health (DBH) Jail Mental Health Services (JMHS), which include or may include clinical assessment, crisis intervention, medications, brief therapy, community resource information, sheltered housing units, suicide watch, safety cells, and Inmate Management Team (IMT) services.

The IMT and combined health services will coordinate the delivery of enhanced services to “treatment” participants to help them deal with their mental illness and related problems. While all mentally ill offenders identified in the population will receive services, the offenders that have serious mental illness will receive more intensive, enhanced, and thorough treatment services, especially during post incarceration.

Post incarceration program components or services will at least consist of pre-arraignment discharge planning, mental health counseling, medication services, drug and alcohol services, psycho-educational support, resources information for families of mentally disordered inmates, assistance in assessing inmate housing needs, providing financial advocacy, providing access to medications at release, the making of appropriate healthcare referrals, and providing transportation, as needed, to get to outpatient treatment.

These and additional services originate from and consist of: mental health, substance abuse, alcohol counseling, and other services from the DBH contract agency named Pegasus; a forensic community residential treatment program from Shobai; day treatment and behavior training services; the misdemeanor Incompetent to Stand Trial service, that provides placement, case management, ancillary treatment and substitute payee services through DBH’s Adult Community Services Program; the Pilot Mental Health Court and Star Program (limited capacity), which creates a therapeutic judicial infrastructure to manage mentally ill offenders with terms and conditions of probation requiring mental health treatment.

4. **Research Design:** Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).

This substudy will employ a quasi-experimental design for “treatment resistant” subjects under court supervision, who will be asked to participate in the same mental health treatment used in the larger experimental-control group study. It is anticipated that over the four year period up to 120 cases will be identified who are at risk for recidivism for incarceration. These individuals will be offered terms and conditions of probation requiring mental health treatment. A comparison group of 120 participants will be made up of a matched subsample from the control group of the larger project, using sex, age, race, charges or potential sentence length, and mental health diagnosis (See #7 below). Data collection will include baseline and follow-up data, largely from existing data systems, statistical analysis of outcomes, such as re-incarceration rates pre and post demonstration, and an evaluation of the costs of services in relation to traditional costs for the benefits provided.

Data analysis will include basic descriptive information for experimental and comparison subjects, and comparisons of successful clients and program dropouts or removals. Due to the size of these groups, small sample nonparametric statistical tests appropriate to these groupings will be used. These will include chi-square and phi; the Mann-Whitney U test, which offers at least 95% of the power of the standard t-test for independent two-sample comparisons; Kruskal-Wallis H test, an analysis of variance substitute of equal power. The Wilcoxon Matched-Pairs Test will be used with matched subjects in the matched subsample comparison group. These statistical tests will allow for comparisons of both frequencies and mean scores on program performance and outcome for all groups.

The primary dependent variables in the analysis will be successful performance based on program retention and subsequent reductions in recidivism, defined as rearrests or return to jail, which will be interpreted within the context of several types of background and program performance measures. The dependent variable of cost reductions will include an evaluation of the types of cases manifesting the most significant reductions, especially in the costs of medications required to treat them in the detention facility. Court costs must also be considered for this group of potential recidivists. It is anticipated, for example, that program experimentals will show significant reductions in arrests and subsequent re-incarceration episodes at reduced costs over traditional methods. Also, successful (or continuing) treated cases will differ in significant ways from removals, and this information will be helpful in making program adjustments and possibly in altering court procedures and/or program admissions criteria. Additional models will assess behavioral improvements and evidence of reduced alcohol and substance abuse in order to determine the experimental (independent) variables most

closely associated with overall program success, e.g, age, race/ethnicity, and/or evidence of program achievement (goal attainment).

A second level of analysis will be for the dependent variable of program completion. It will involve comparisons of clients who complete treatment, or continue in the program, and those who are removed through rearrest (involuntary) or evidence of nonparticipation after three months (voluntary). Outcomes will be evaluated for successes and dropouts (both involuntary and voluntary).

CSUSB researchers will use existing data, as described below, and data entered in the course of the study for follow-up of clients to determine re-admissions to the system, client contacts and performance (e.g., continued alcohol or substance abuse, program behavior, and staff documentation of program progress).

Process Evaluation

The process evaluation will document the number of participants receiving aftercare planning and the time from arraignment to completion of the plan. While not part of the outcome evaluation specifically, the existence of a plan and evidence of following the plan will be related to type of outcome. An important concern here is with the use and effectiveness of the Mental Health Treatment Court, which will be documented. The process evaluation will document and track also the medications received by participants as a result of the program. The relationship between receiving medications and re-offending and/or return to detention is included in the outcome assessment. Active intervention should result in more frequent contacts with families and significant others. The Family Support Coordinator will document family contacts by participant for the process evaluation. Contacts with comparison group subject families must be documented from case records at the detention facility and will not be available for the period after release.

The process evaluation will include documentation of the system designed to transition participants to community services. For the outcome evaluation, contacts with community services operated by the county will be downloaded from the SIMON database (contacts with private vendors or contract services are not in the database and will be lost). The number and type of individual system contacts will be downloaded from SIMON and can be related to re-offending and re-incarceration.

Hypotheses Tested

The following hypotheses have been developed based upon comparisons between experimental and comparison group subjects. For the outcome evaluation, if the individual receives the continuum of services provided, then, in relation to the comparison groups, the experimental group will have statistically significant:

reductions in arrest rates and related decreases in court appearances for new crimes;

reductions in re-incarceration rates and related bed-days in detention;

cost reductions for detention and treatment services;

lower incarceration rates for subjects accepting and using an identification card than subjects who did not accept the card or those in the comparison groups.

For the process evaluation, if the individual receives the continuum of services provided, then, there will be statistically significant differences in the following variables in relation to the comparison groups:

time to first contact for discharge planning;

numbers of subjects receiving medications at time of release;

contacts and time provided by mental health professionals with family members and significant others;

the number of subjects who will make contact within one week after release with County of San Bernardino Community Treatment Services;

number of subjects will make more than one contact within one month after release with County of San Bernardino Community Treatment Services.

The key dependent variables are rearrests, re-incarcerations, and reduced costs. It is anticipated, for example, that variables such as increased treatment contacts, improved medications delivery, increased contact with mental health professionals, etc. will decrease rearrest and re-incarceration rates and related costs.

Baseline and Follow-up Data Collection

The impact evaluation must have the information necessary to identify and analyze program successes in relation to program activity from its start through various stages of program completion. The collection of baseline data is crucial to measuring the impact of the program on treated offenders in relation to nontreated offenders and program dropouts. Evaluation of program impact will depend on the collection of relevant and reliable data on all clients admitted to the program, both experimental and comparison subjects (refusals). Participant activities (behavior) must be documented at several crucial points in the process using available data and new data that document individual performance. For example, baseline data will be available through detention records, but mental health status must be provided by the Department of Behavioral Health, and County court status must come from probation records. The Department of Behavior Health, the Sheriffs Department, and the Probation Department will provide data to evaluators from Cal State San Bernardino, under strict confidentiality regulations.

The data collection process will include baseline and follow-up data from detention and mental health records systems and the use of a data collection system. All data intended for analysis will be placed in an automated system maintained by the CSUSB research team for computer analysis using accepted statistical techniques. Findings will be aggregated; no offenders will be identified in the database or research reports and all confidentiality requirements will be strictly observed. A key, unique "blind" identification number will be entered into mental health and detention data bases to allow data storage and aggregation without identifying subjects by name.

The three major areas for data collection are:

1. Admission/Baseline Data. Data from existing detention and mental health databases will be coded for each program participant, since they are readily available after completion by program staff. These data will be supplemented with data collected by project evaluation staff from mental health and detention sources. Available data will include demographics (age, gender, ethnicity, education, family, work history), offense of commitment, sentence length, custody level, classification information, prior offenses (criminal history), mental health history, diagnoses, treatments and medications, and reported substance abuse.
 2. Process Evaluation. Process evaluation focuses on program activities/outputs, or documentation of the completion of goals that determine whether the program was implemented as intended. Elements include numbers of participants receiving aftercare planning and reasons it did not occur in some cases, tracking the medications received by participants as a result of the program, reductions in time from release to receiving medications, contacts with families and significant others, court contacts, release times, law enforcement dispositions of these cases, time to contact with mental health services in the community, and documentation of the system designed to transition participants to community services. A "consumers survey," as developed by Milwaukee's Community Support Program, will be used with a subsample of participants to document their experiences on the program.
 - c. Progress/Follow-up. Mental health data (SIMON database) and court reports will be the primary basis for evaluating client success in the program. These data will be coded by evaluation staff in relation to participant background data. Participant termination will be decided based upon no evidence of further contact after a period of six months or re-incarceration.
- 4a. Check () the statement below that best describes your Research Design. If you find that you need to check more than one statement (e.g., True experimental and Quasi-experimental), you are using more than one Research Design and will need to complete a separate copy of the survey for the other design. Also, check the statements that describe the comparisons you will be making as part of your Research Design.

Research Design (Check One)

- True experimental with random assignment to treatment and comparison groups
X Quasi-experimental with matched contemporaneous groups (treatment and comparison)

Quasi-experimental with matched historical group
Other (Specify) Quasi-experimental with a contemporaneous groups of program refusals.

Comparisons (Check all that apply)

- Post-Program, Single Assessment
Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
Pre-Post Assessment with Single Post-Program Assessment
☒ Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
Other (Specify) Pre-program assessment will be done use criminal history and related data

4b. If you are using a historical comparison group, describe how you will control for period and cohort effects. N.A.

5. Cost/Benefit Analysis: Indicate by checking "yes" or "no" whether you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per participant of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and, c) your assessment of the program's future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.

Cost/Benefit Analysis

☒ Yes ☐ No

- 5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed.

Existing budgets for all involved departments are being compiled from 1997 through the life of the grant. If adequate and reliable data can be obtained, it is anticipated that there will be cost savings to the local criminal justice system in the following areas to be evaluated: local law enforcement; booking; mentally ill jail beds; judicial; medical and medication; costs to society due to fewer crimes committed by the mentally ill. Analysis will be done using accepted statistical tests that estimate the significance of reduced mean costs.

6. Target Population: This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include diagnostic categories, age, gender, risk level, legal history, geographical area of residence, etc. Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility.

The program will place treatment resistant mentally ill offenders willing to accept mental health treatment as part of the terms and conditions of probation in the experimental group. The comparison group will be comprised of a matched subsample drawn from the control group used in the larger study.

- 6a. Describe any standardized instruments or procedures that will be used to determine eligibility for Program participation, and the eligibility criteria associated with each (e.g., "significant psychopathology" as measured by the MMPI, etc.).

Participation in the program (enhanced treatment) is determine by a screening procedure that incorporates a clinical assessment. Standardized instruments are not primarily utilized in the determination of program eligibility. The clinical assessment identifies potential program offenders that suffer from serious mental illness.

7. Sample Size: This refers to the number of subjects who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there will probably be mentally ill offenders who participate in the Program you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research), or they may enter into the Program too late for you to conduct the follow-up the research you intend to do. Using the table below, indicate the number of participants who will complete the treatment interventions or comparison group interventions, plus the minimum six months follow-up period after Program completion. This also will be the number of

subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Provide a breakdown of the sample sizes for each of the four Program years, as well as the total Program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)

Program Year	Treatment Group	Matched Subsample	Total
First Year	30	30	60
Second Year	30	30	60
Third Year	30	30	60
Fourth Year	30	30	60
Total	120	120	240

Unit of Analysis (Check one)

- X Individual Offender Family
 Institution Geographic Area (e.g., neighborhood)
 Other Other:

8. Key Dates:

- "Program Operational" is the date that the first treatment subject will start in the Program: 1-1-2000
- "Final Treatment Completion" is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow-up period). (varies) 6-30-2003
- "Final Follow Up Data" is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available). (Varies by program completion) up to two years.

Program Operational Date: 1-1-2000

Final Treatment Completion Date: 6-30-2003

Final Follow-Up Data Date: 3-1-2003

9. Matching Criteria: (Whether or not you are using a true experimental design), please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history mental health diagnosis, etc.

Age - actual age
 Gender - male or female
 Ethnicity - Caucasian, African-American, Hispanic, Asian, Indian, Other
 Educational level - actual grade completed
 Occupation - Professional, skilled (blue collar), manufacturing, unskilled (laborer, etc.)
 Martial status - married, single, separated, divorced
 Method of support - employed, welfare, AFDC, SSDI, other (family)
 SES - income and education index
 Criminal History - number of arrests; offenses coded by type and severity
 Number of jail bookings
 Mental health diagnosis - Primary diagnosis (DSM-III)
 Treatment history - times in treatment; years in treatment; degree of treatment resistance

9a. After each characteristic listed above, describe how it will be measured.

Age - actual age (*Interval*)
 Gender - male or female (*Nominal*)
 Ethnicity - Caucasian, African-American, Hispanic, Asian, Indian, Other (*Nominal*) Method of support - employed, welfare, AFDC, SSDI, other (family)
 Mental health diagnosis - Primary diagnosis
 Occupation - Professional, skilled (blue collar), manufacturing, unskilled (laborer, etc.)
 Martial status - married, single, separated, divorced (*Nominal*)
 Educational level - actual grade completed (*Ordinal/Interval*)
 SES - income and education index (*Ordinal/Interval/Ratio*)

Criminal History - # of arrests; offenses coded by type and severity (*Ordinal/Interval*)
Number of jail bookings (*Ordinal/Interval*)
Number of jail re-bookings(*Ordinal/Interval*)
Treatment history - times in treatment; years in treatment (*Ordinal/Interval*)
Degree of treatment resistance – (perhaps, any history in which the individual was offered help and/or participated in mental health treatment, but withdrew in a relatively short period of time).

Standard descriptive and analytical statistics will be used, as described in #17.

- 9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?

Criminal history variables; would require weighting cases in the analysis.
Degree of treatment resistance; would require weighting cases in the analysis.

- 9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.

N.A.

10. Comparison Group: The intent here is to document the kind of comparison group you will using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects (in which case you would enter "true experimental design" in the space below). However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched institutions, matched geographical areas, other matched counties, a matched historical group, etc.

A matched sample of comparison subjects drawn from the larger study will be used for comparison purposes, although they will not have been candidates for the Mental Health Treatment Court.

Please identify the source of your comparison group.

Mentally ill Individuals in West Valley Detention Center who are going to court who refuse mental health treatment and a matched group of subjects from the larger study population.

11. Assessment Process: The intent here is to summarize the assessment process that will determine the nature of the interventions that the mentally ill offenders in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc. Also, describe the qualifications of those who will be doing the assessments.

Offenders identified with serious mental illness who are in court and accept mental health services will be identified and become a subset of the mentally ill offender population being served by the project; they will be coded and analyzed separately.

Participation in the program (enhanced treatment) is determine by a screening procedure that incorporates a clinical assessment. Standardized instruments are not primarily utilized in the determination of program eligibility. The clinical assessment identifies potential program offenders that suffer from serious mental illness.

- 11a. Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.

None used; clinical assessment.

- 11b Describe any assessment instrument designed by your county that you will use.

None used; clinical assessment.

- 11c. Identify which assessment instruments, if any, will also be administered to comparison group subjects.

None.

12. Treatment Group Eligibility: Indicate the process (as opposed to the criteria) by which research subjects will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

All individuals referred to the Mental Health Treatment Court Pilot Project who accept mental health treatment as a condition of probation

13. Comparison Group Eligibility: Indicate the process by which research subjects will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.

There will be two comparison groups. The primary group will be a sample of individuals with treatment-resistant characteristics drawn from the control group of the larger study. The secondary group would be those individuals who refused any type of mental health treatment.

- 13a. If procedures for determining the eligibility of participants for the Comparison Group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups in terms of critical characteristics?

Answer questions 14 - 17 by filling in the table below as instructed.

14. Outcome Variables: In the table below, list some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include improvement in personal functioning, arrest rate, successful completion of probation, alcohol and drug-related behavior, risk classification, etc.

The following hypotheses have been developed based upon comparisons between experimental and comparison group subjects. For the outcome evaluation, if the individual receives the continuum of services provided, then, in relation to the comparison groups, the experimental group will have statistically significant:

reductions in arrest rates and related decreases in court appearances for new crimes;

reductions in re-incarceration rates and related bed-days in detention;

cost reductions for detention and treatment services;

lower incarceration rates for subjects accepting and using an identification card than subjects who did not accept the card or those in the comparison groups.

For the process evaluation, if the individual receives the continuum of services provided, then, there will be statistically significant differences in the following variables in relation to the comparison groups:

time to first contact for discharge planning;

numbers of subjects receiving medications at time of release;

contacts and time provided by mental health professionals with family members and significant others;

the number of subjects who will make contact within one week after release with County of San Bernardino Community Treatment Services;

number of subjects will make more than one contact within one month after release with County of San Bernardino Community Treatment Services.

The key dependent variables are rearrests, re-incarcerations, and reduced costs. It is anticipated, for example, that variables such as increased treatment contacts, improved medications delivery, increased contact with mental health professionals, etc. will decrease rearrest and re-incarceration rates and related costs.

15. **Score/Scale:** To "measure" the effects produced by your Program requires putting the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change-score indicating progress of some sort). For each variable, for which you are making a hypothesis, indicate in the table below the measurement that you will be statistically analyzing when you test your hypothesis.

Age - actual age (*Interval*)
 Gender - male or female (*Nominal*)
 Ethnicity - Caucasian, African-American, Hispanic, Asian, Indian, Other (*Nominal*) Method of support - employed, welfare, AFDC, SSDI, other (family)
 Mental health diagnosis - Primary diagnosis
 Occupation - Professional, skilled (blue collar), manufacturing, unskilled (laborer, etc.)
 Martial status - married, single, separated, divorced (*Nominal*)
 Educational level - actual grade completed (*Ordinal/Interval*)
 SES - income and education index (*Ordinal/Interval/Ratio*)
 Criminal History - # of arrests; offenses coded by type and severity (*Ordinal/Interval*)
 Number of jail bookings (*Ordinal/Interval*)
 Number of jail re-bookings (*Ordinal/Interval*)
 Treatment history - times in treatment; years in treatment (*Ordinal/Interval*)

Standard descriptive and analytical statistics will be used. Due to the size of these groups, small sample nonparametric statistical tests appropriate to these groupings will be used: chi-square and phi; Mann-Whitney U test, which offers at least 95% of the power of the standard t-test for independent two-sample comparisons; Kruskal-Wallis H test, an analysis of variance substitute of equal power. The Wilcoxon Matched-Pairs Test will be used with matched subjects in the matched comparison subsample.

16. **Additional Information:** To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender, or make differential hypotheses for different age ranges. Supplying "additional information" is optional; but if there is some aspect of the hypotheses testing that is important for us to know about, please supply the information in this section.

Outcome will be partitioned by gender overall; seriously mentally ill offenders will be analyzed separately, to the degree possible with this small sample; all key demographic and baseline variables will be analyzed across outcome.

- 16a. For each outcome variable that will not be measured by a standardized assessment procedure, describe the measurement procedures that will be used. For instance, if your county has developed a risk-assessment tool that you will be using to measure change, please describe how it works.

Wolfgang-Sellin offense severity scale (modified version).

17. **Significance Test:** In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

<u>Variable</u>	<u>Score/Scale</u>	<u>Additional Information</u>	<u>Significance Test</u>
Age	Interval		See below
Gender	Nominal		see below
Ethnicity	Nominal		See below

Method of support	Nominal	See below
Mental health diagnosis	Nominal	See below
Occupation	Nominal	See below
Marital Status	Nominal	See below
Education Level	Ordinal/Interval	Nonparametric
SES	Ordinal/Interval/Ratio	Nonparametric
Criminal history	Ordinal/Interval	Nonparametric
# of jail bookings	Ordinal/Interval	Nonparametric
# of jail re-bookings	Ordinal/Interval	Nonparametric
Treatment history	Ordinal/Interval	Nonparametric

All variables will be placed in a dummy format for use in small sample statistics, until sample sizes are appropriate to more sophisticated analysis. Standard descriptive and analytical statistics will be used, such as chi-square, phi, Mann-Whitney U, Kruskal-Wallis H. The Wilcoxon Matched-Pairs Test will be used with matched subjects in the matched comparison subsample. The significance tests will appropriately correspond with the level of measurement for the variables and the design of the evaluation. The following questions are supplemental to the Research Design Summary Form and will help us understand how you intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, family variables, work history, educational background, etc. If so, what will be collected and how?

This will be determined when the data elements located in the databases from the respective agencies involved are evaluated for their completeness and accuracy.

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant)? What is the time frame for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

See #4 above.

20. Describe how you will document services received by the treatment and comparison group members. Examples are: how many counseling sessions did the subject attend, how intense (and by what measure) was the drug treatment, did the subject complete the interventions, etc.?

The DBH SIMON database and other databases capture information on client contacts, service delivered, and time involved.

21. What will be the criteria for completion of the program (by what criteria will you decide that the research subject has received the full measure of the treatment that is hypothesized to have a beneficial impact. For instance, will the Program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined by the participants' having achieved a particular outcome? If so, what will that outcome be and how will it be measured? An example is decreased risk as measured by a "level of functioning" instrument.

Completion of the program is defined as whether or not the individual participant (experimental subject) has demonstrated the ability to keep appointments scheduled by the SPAN program (as well as keeping those appointments scheduled by the mental health service providers subsequent to completing the SPAN program)

22. If Program completion will be linked to probation terms, how will you record those terms and identify adequate completion? Examples include completion of mental health or substance abuse programs, etc.

Program completion is independent of probation completion.

23. On what basis will a subject be terminated from the Program and be deemed to have failed to complete the Program? Will those who leave, drop out, fail, or are terminated from the Program be tracked in terms of the research dependent variables? For how long?

Program termination will result by court order, or if a subject goes to state prison, out of the county's jurisdiction, dies, or is sentenced to jail for an extended period of time, at which time a decision on termination will be made by project staff. Subjects will be tracked in official records to the extent they are available.